Approved for use through 7/3 1/2006, CMB 0651-0031 U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL EN										ENTITY		D'R	OTHER THAN SMALL ENTITY			
BASIC FEE NUMBE					.ED N	UMBER EXTRA		RATE	in ·	. FEE O		- [-		11111	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE			NA			. NA		NA		150.0	_	-	RATE (\$)		FEE	
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	Andrew Co.		If the specification and c sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar		on and drawin	plication size fee due enlity) for each fraction thereof, see		×100	-			X200		•		
·ΕΕ	LICATION 51 FR 1.16(4))	ZE			r, the application or small entity) seets or fraction										,	
(ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))							7	+180=	1		-	-	360=	+-		
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-	Total Total	REMAINING AFTER AMENDMEN		Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		SMAL RATE (1)		ADDI- TIONAL FEE (\$)	OF	RA	OTHEI SMALL RATE (5)		TY ONAL EE (S)	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								+180=	1	1	20	+36	0-		 	
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FIR	ST PRESENT	LTION OF A	ULTIPLE	DEPENÓE	NT CLAIM (37 CF	R 1.16()		180=			OR	+360				
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If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Peid For (Total or independent) is the highest number (ound in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain to retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, proparing, and submitting the completed application for to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.